

1082

MULTIPLE DEDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

61	/					
52						
53						
54						
55	/					
56	Y					
57	/					
58	/					
59	Y					
60	Y					
61	Y					
62	Y					
63	Y					
64	Y					
65	Y					
66	Y					
67	Y					
68	Y					
69	Y					
70	Y					
71	Y					
72	Y					
73	Y					
74	Y					
75	Y					
76	Y					
77	Y					
78	Y					
79	Y					
80	Y					
81	Y					
82	Y					
83	Y					
84	Y					
85	Y					
86	Y					
87	Y					
88	Y					
89	Y					
90	Y					
91	Y					
92	Y					
93	Y					
94	Y					
95	Y					
96	Y					
97	Y					
98	Y					
99	Y					
100	Y					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2083

MULTIPLE DEDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
D1.		3						
102		3						
103		8						
104		8						
105		1						
106		1						
107		2						
108		8						
109								
110		10						
111		8						
112								
113		8						
114		8						
115		2						
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								